

May 4, 1982

Chase N. Peterson, M.D.
Vice President for Health Sciences
The University of Utah
University Hospital
50 North Medical Drive
Salt Lake City, Utah 84132

Dear Dr. Peterson:

When I was visiting your institution at the time of my visit to Salt Lake City to speak before the Utah Hospital Association we discussed the advantages and disadvantages of moving a free-standing children's hospital to a position close to or contiguous with a university hospital. My change of attitude in reference to the Philadelphia situation might be of interest to you.

I went to the Children's Hospital as its first Surgeon-in-Chief in 1946 and received the title in 1948. I remained in the post until April of 1981. The Children's Hospital was essentially my whole professional life and I had a very proprietary feeling toward it. When I began there the Children's Hospital was a relatively small institution and did not have its eventual prestige either as a pediatric training center, as a pediatric surgical training center, or as a research institute for the problems of children.

When overtures were made by the University to bring the Children's Hospital one mile westward to be contiguous with the University Hospital I was totally opposed to this move because I felt that the larger organization would swallow the smaller, that the relationship would essentially be a one way street with all of the giving going to the University and all of the taking coming from the Children's Hospital. I particularly felt that if the two institutions were joined by a bridge or a tunnel that the autonomy I coveted for the Children's Hospital would disappear even quicker.

My fears were not based upon prejudice alone. I had seen the Babies Hospital in New York City go through a period of "amalgamation" with the Presbyterian Hospital. The ultimate loss of autonomy came I think when the operating rooms of the Babies Hospital were closed and surgery was done only at Presbyterian and when one telephoned

the Babies Hospital he heard an operator say "Presbyterian Medical Center."

The Philadelphia Children's Hospital did move to the campus of the University and at the present time is a gorgeous building right next to the University Hospital and connected with it by covered walkways and a subterranean tunnel. My fears were groundless. There is no way that the University of Pennsylvania could ever swallow an institution as autonomous or as well known and as productive in the field of child care as the Children's Hospital of Philadelphia. The advantages have been enormous. One would not think separation of two institutions by one mile would inhibit the exchange of ideas but there is no doubt about the fact that it did. In the new institution it is possible to have breakfast, lunch, or dinner with colleagues, who attend each others conferences, and to have the opportunity for other types of professional and social interchange. I am convinced that the move was good for everyone concerned and that both the University and the Children's Hospital have greater stature in the professional community at large now that they are contiguous than they had before.

I trust that these few comments might be helpful to you. I can assure you that I speak sincerely for myself but there is no doubt that I also voice the sentiments of practically every person involved in this change.

Sincerely yours,

C. Everett Koop, M.D.
Surgeon General

(dictated by Dr. Koop but signed
during his absence)

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